

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 14 AM 8:15

<b>DOCUMENT # A07000000440</b> 1. Entity Name <b>SMITH FAMILY PROPERTIES I, LLLP</b>					
Principal Place of Business 3712 CR 202 OXFORD, FL 34484			Mailing Address 3712 CR 202 OXFORD, FL 34484		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>26-0321292</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, THOMAS S</b> <b>3712 CR 202</b> <b>OXFORD, FL 34484</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small>  <b>Thomas S. Smith</b> </div> <div style="width: 45%; text-align: right;"> <b>Mar. 13, 2008</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	THOMAS S. SMITH, TRUSTEE				
STREET ADDRESS	3712 CR 202		CITY-ST-ZIP		
CITY-ST-ZIP	OXFORD, FL 34484				
DOCUMENT #	NAME		STREET ADDRESS		
	LORENE B. SMITH, TRUSTEE				
STREET ADDRESS	3712 CR 202		CITY-ST-ZIP		
CITY-ST-ZIP	OXFORD, FL 34484				
DOCUMENT #	NAME		STREET ADDRESS		
	SMITH, ROGER D				
STREET ADDRESS	4313 EMMAUS ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731				
DOCUMENT #	NAME		STREET ADDRESS		
	RUSS, DEARDRE S				
STREET ADDRESS	3668 CR 202		CITY-ST-ZIP		
CITY-ST-ZIP	OXFORD, FL 34484				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>Thomas S. Smith</b>			<b>Mar. 13, 2008</b> <small>Date Daytime Phone #</small>		



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